

Application Form to Vote by Post

Please complete in **BLACK INK and BLOCK CAPITALS** and return to Electoral Services, Civic Centre, Queen Elizabeth Drive, Pershore, Worcs, WR10 1PT. If you need help filling in this form please phone **01386 565437**.

Address where you are registered to vote

About you

First name(s) (in full)

Surname

Contact Telephone Number:

Your Date of Birth

Day Month Year

Declaration

As far as I know, the details on this form are true and accurate. (You can be fined for making a false statement on this form.)

Signature: Keep within the border and use BLACK INK.

Or : I cannot supply a signature or consistent signature because (give a medical reason)

Date:

Postal vote for which elections

All elections you are entitled to vote at

Local elections

Parliamentary elections

For how long do you want a postal vote?

Until further notice

For election(s) on

Day

Month

Year

For election(s) until

Day

Month

Year

Address for postal ballot paper(s)

My address where I'm registered to vote

The following address

Reason for sending ballot paper(s) to an alternative address

Have you had help completing this form?

Name and Address of helper

For office use only